



# MARYLAND VACCINES FOR CHILDREN PROGRAM

## VACCINE RETURN FORM

Provider: \_\_\_\_\_ VFC PIN #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

### Instructions for Completion:

1. Complete the vaccine return form and fax a copy to (410)333-5893.
2. Place expired vaccine along with the vaccine return form in an empty shipping container.
3. Upon receipt of the shipping label(s) from McKesson (approximately 10 days), attach to the container and give it to UPS.

Vaccine	Manufacturer	Lot#	# Doses	Expiration Date

Reason for return ( i.e., power outage, expired vaccine):

To prevent a reoccurrence of vaccine wastage, please remember to follow proper vaccine storage and handling procedures:

- Vaccine should be properly stored immediately upon receipt;
- Vaccine is safe to use through the expiration date. If the expiration date is only given as a month and year, vaccine may be used through the last day of that month; and
- Vaccine with the shortest expiration date should always be used first.

Use the VFC Vaccine Inventory Form to indicate any changes to your address, office hours, contact person or other pertinent information that would affect your vaccine delivery.

*Please contact the VFC Contact Center for assistance.*